

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002656	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/05/2012
NAME OF PROVIDER OR SUPPLIER EMERITUS AT ARBORWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 430 CLEVELAND RD GRANGER, IN 46530		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00100498.</p> <p>Complaint IN00100498 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 4 & 5, 2012</p> <p>Facility number: 002656 Provider number: 002656 AIM number: N/A</p> <p>Survey team: Vicki Manuwal, RN-TC Bobbie Costigan, RN Susan Bruck, RN (1/4/2012)</p> <p>Census bed type: Residential 52 Total 52</p> <p>Census payor type: Other 52 Total 52</p> <p>Sample: 3</p> <p>Emeritus at Arborwood, Granger was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00100498.</p> <p>Quality review completed 1/5/12 Cathy Emswiller RN</p>	R 000			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

FMGB11

If continuation sheet 1 of 1